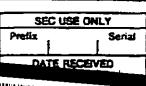
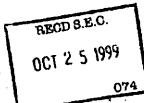
# Wichington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6). AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	Andrea a c	1430
Estimated	average burd	en
hours per	response	16.00





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( check if this is an amendment and name has changed, and indicate change.) Convertible Note Due October 11, 2002 Filing Under (Check box(es) that apply): Rule 505 23 Rule 506 ☐ Section 4(6) ☐ Rule 504 ☐ Amendment Type of Filing: XXXNew Filing A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (C) check if this is an amendment and name has changed, and indicate change.) Name of Issuer FastShip, Inc. (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices Philadelphia, PA 19106 123 Chestnut Street (215) 574-1770 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) POCT 2 1999 (if different from Executive Offices) Brief Description of Business BEST AVAILABLE COPY Commercial cargo vessel design and operation. Type of Business Organization \* 🗖 limited partnership, already formed Corporation\* other (please specify): ☐ business trust limited partnership, to be formed Year Month ه اه □ Actual Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States d E CN for Canada; FN for other foreign jurisciction)

### GENERAL INSTRUCTIONS

### Federat

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sec. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form, Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accompany with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal examption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state examption unless such examption is predicated on the filling of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CNYNZ control number.

SEC 1972 (2-97) 1 of 8

A. EASIC IDENII	ERAIRM DAIA	·	
2. Enter the information requested for the following:	-		
<ul> <li>Each promoter of the issuer, if the issuer has been organized</li> </ul>	i:within the past five year	T3.;	
<ul> <li>Each beneficial owner having the power to vote or dispose, o securities of the issuer;</li> </ul>	r direct the vote or dispo	sition of, 10%	or more of a class of equity
<ul> <li>Each executive officer and director of corporate issuers and of</li> </ul>	corporate general and m	maging partner	s of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>			
Check Box(es) that Apply:	☐ Executive Officer	☑ Director	General and/or Managing Partner
Pull Name (Last name first, if individual)			
Pederson, Elnar			
Business or Residence Address (Number and Street, City, State, 2	Zip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 191	.06		
Check Box(es) that Apply: D Promoter D Beneficial Owner	B Executive Officer	2 Director	☐ General and/or Managing Pastner
Full Name (Last name first, if individual)			
Bullard II, Roland K.	W. Colo		
Business or Residence Address: (Number and Street, City, State,			
123 Chestnut Street, Suite 204, Philadelphia, PA 19			
Check Box(es) that Apply:    Promoter    Beneficial Owner	© Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Chambers, Kathryn Riepe			
Business or Residence Address (Number and Street, City, State,			
" 123 Chestnut Street, Suite 204, Philadelphia, PA	19106		
Check Box(es) that Apply:   Promoter   Beneficial Owner	Executive Officer	Director.	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Giles, David L.	·		·
Business or Residence Address (Number and Street, City, State, 123 Chestnut Street, Suite 204, Philadelphia, PA 1910			
Check Box(es) that Apply:   Promoter   Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Colgan, Dennis			
Business or Residence Address: (Number and Street, City, State,	Zip Code)		<del>-</del> -
123 Chestnut Street, Suite 204, Philadelphia, PA 19			
Check Box(es) that Apply:   Promoter   Beneficial Owner	☐ Executive Officer	☐ Director	☐. General and/or Managing Partner
Full Name (Last name first, if individual)	-		
Riverfront Development Corporation	·		
Business or Residence Address (Number and Street, City, State,	Zip Code)		
701 North Broadway, Glouchester City, NJ 08030		···	
Check Box(es) that Apply:   ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or.  Managing Partner
Full Name (Last name first, if individual)			
Sunn Brudd C			

Business or Residence Address: (Number and Street, City, State, Zip Code)

i. Has	the issuer s	iold, or do	es the issu	er intend	to sell, to	ggs-ectiv	dited inves	tors in thi	coffering?	*******		
			Ans	wer also i	a Appendi	or, Column	a 2, if filic	g under t	LOE.			
2. Wha	t is the min	nimum inv	estment th	at will be	accented f	rom any i	ndividual?					\$10,000
					•	•						Yes No
3. Does	the offeri	ng permit	jaint owne	aship of a	single uni	i?						. 01 🗅
sion to be list t	or similar r : listed is at he name of	emuneration associate the broke	en for solic d person o r or dealer	ech person itation of r agent of r. If more demation	purchasers a broker o than five (	in connect or dealer n 5) persons	ion with a egistered w to be lists	iles of soci ith the SE d are asso	rities in the C and/or :	e offering. with a stat	If a perso e or state	n L
Full Name	e (Lasz nan	ne first, if	individual	)			·					
N/A												
Business o	or Residenc	e Address	(Number	and Street	City, Sta	te, Zip Co	ode)					
Name of	Associated	Broker or	Dealer					<u> </u>		<u></u>		
States in	Which Per	son Listed	Has Solici	ted or Int	ends to So	licit Purci	iasers	<u></u>				
-	"All State											C All States
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[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[ VT ]	[AV]	[WA]	[WV]	[MI]	[WY]	[PR]
Full Nam	e (Last nar	ne first, if	individual	)		-						
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Suimerr (	or Kesiden	or Accuress	:(Mumber	and Street	., City, 30	ue, <i>zu</i> C	ye)	•				•
No-s of	Associated	Oneline or	Dealer					····				
terme or	W220cming	DIOKEI UI	Delle									
Spares in	Which the	rna 1 irrad	Har Saiir	ted or Int	ande to So	dicir Parel	25575				_	
					w							☐ All States
<b>, -</b>	"All State				1CO i		IDEI	{DC}	[FL]	[GA]	[1H]	{ ID }
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[MT]	[NE]	[NV]	[NH]	[N]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[50]	[TN]	[TX]	[ער]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
Full Nam	e (Last na							<del></del>		<del>-</del>		·
N/A												
Business	or Residen	ce Address	(Number	and Stree	L, City, St	ue, Zip C	ode)					
					•							•
Name of	Associated	Broker o	r Dealer			-					_	
States in	Which Per	son Listed	Has Solic	ited or In	cends to Sc	olicit Purc	hasers					
(Check	"All State	es" or che	ck individa	ial States)								□ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]
{ IL }	[IN]	[ IA ]	[ KS ]	[XY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NY]	[NH]	ן נאן	[MM]	[NY]	[NC]	[מא]	[OH]	[OK]	(OR)	[PA]
[RI]	[SC]	[ Q2 ]	[TN]	[XX]	[ហ៊្ស	[YT]	[AY]	[WA]	[wv]	[WI].	[WY]	(PR)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange			
	and aiready exchanged.	Aggregate		Amount Already
	Type of Security	Offering Prin	*	\$old.
	Debt	<b>\$</b>	_	<b>S</b>
	Equity	<u>S-</u>	_	<u> </u>
	□ Common □ Preferred		:	
	Convertible Securities (including warrants)	100,000	_	100.000
	Partnership Interests	<b>S</b>	_	<u> </u>
	Other (Specify	100,000	_	100,000
	Total	\$	_	\$
	Answer also in Appendix, Column 3, if filing under ULOE.			
2	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investori	1	_	<u>\$100,000</u>
	Non-accredited Investors		_	<b>\$</b>
	Total (for filings under Rule 504 only)		_	<u></u>
	Answer also in Appendix, Column 4, if filling under ULOE.			_
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505		_	\$
	Regulation A	·		<u> </u>
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			•
	Transfer Agent's Fees			<b>\$</b>
	Printing and Engraving Costs		_	\$
	Legal Fees		Œ	\$ 1,500
	Accounting Fees			<b>s</b>
	Engineering Fees			<u></u>
	Sales Commissions (specify finders' fees separately)		۵	<u> </u>
	Other Expenses (identify)			\$
	Total		Ð	\$ 1,500
	F ====*********************************			

tion I and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."	is th	<b>10</b>			<b>\$</b> 98,500
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnitestimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a	sh a	a al			
		-	Payments to Officers, Directors, & Affiliates	•	Payments To Others
Salaries and fees	₫	<b>S</b> _	20,000		5
Purchase of real estate	0	<b>S</b> _		0	s
Purchase, rental or lessing and installation of machinery and equipment		<b>S</b> _	<del> </del>		s
Construction or leasing of plant buildings and facilities		<b>S</b> _	<del></del>	•	<u>.                                    </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	п.	•		_	<
Repayment of indebtedness				_	<u> </u>
Working capital				_	<b>₹</b> 78,500
Other (specify):				_	
	_	~_		_	<del>*</del>
		\$			S
Column Totals					5 78,500
Total Payments Listed (column totals added)			_		
D. FEDERAL SIGNATURE		_			
The issuer has duly caused this notice to be signed by the undersigned duly authorized person ollowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities as	d E	-	znec Commis	don.	spon written re-
pest of its staff, the information furnished by the issuer to any non-accredited investor purs					
sever (Print or Type)  Signature:	-		Date	• •	.00.100
sever (Print or Type)  FastShip, Inc.  Signature:  Respect to any non-accredited investor pure	-		Dute	10	/22/99
sever (Print or Type)  Signature:	-		Dute	10	/22/99

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes N of such rule?	No Q
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See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be emitted to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	Signature	Date
Issuer (Print or Type)	Korly Rep Chila	10/22/99
FastShip, Inc.	lash keep Can	1
Name (Print or Type)	Title (Print or Type)	i
Kathryn Riepe Chambers	Executive Vice President	<u>·</u>

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Print the name and title of the signing representative under his signature for the state portion of this form. One copy or bear typed or printed Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	to non-a	to sell ceredited s in State -Item !)	Type of security and aggregate offering price offered in state (Part C-Item I)	Number of	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item!)				
State	Yes	No		Accredited Investors	dited Non-Accredited				. No
AL								Ya	
AK									
AZ						·			
AR									
CA									
œ									
CT									
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MN	<del>                                     </del>	<u> </u>							
MS	ļ							<u> </u>	<u> </u>
МО									

1	Intend to con-a investor:	to sell ceredited s in State	Type of security and aggregate offering price offered in state		smount pur	investor and chased in State		Disqual under Sta (if yes, explans waiver	ification te ULOE attach ation of granted)
	(Part B	-[tem ]}	(Part C-Item1)	Number of	(Part	C-item 2) Number of		(Part E	-Item1)
State	Ye_	No_		Accredited Investors	Amount	Non-Accredited Investors	Amount.	Yes	No
MT									
×			,		<u>-</u>				
אַע									
NH									
2									
NM			<u> </u>	 		 	<b></b>		
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